

General

Title

Melanoma: percentage of patient visits, regardless of age, with a new occurrence of melanoma that have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.

Source(s)

American Academy of Dermatology. Melanoma: coordination of care. Schaumburg (IL): American Academy of Dermatology; 2016 Nov 15. 12 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patient visits, regardless of age, seen with a new occurrence of melanoma who have a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis.

This measure is to be reported at each denominator eligible visit occurring during the performance period ending November 30th for melanoma patients seen during the performance period. It is anticipated that eligible clinicians providing care for patients with melanoma will submit this measure.

There are two reporting criteria for this measure:

All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma during excision of malignant lesion

OR

All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma evaluated in

an outpatient setting

Although this measure contains two reporting criteria, there is only one reporting rate and one performance rate for this measure.

Rationale

Perceived lack of follow-up with primary care providers is reinforced in the Institute of Medicine (IOM) report on patient errors (Institute of Medicine Committee on Quality of Health Care in America, 1999). The intention of this measure is to enable the primary care provider to support, facilitate, and coordinate the care of the patient.

Deficits in communication have clearly been shown to adversely affect post-discharge care transitions. A recent summary of the literature found that direct communication between hospital physicians and primary care physicians occurs infrequently (in 3% to 20% of cases studied), the availability of a discharge summary at the first post-discharge visit is low (12% to 34%) and did not improve greatly even after 4 weeks (51% to 77%), affecting the quality of care in approximately 25% of follow-up visits. This systematic review of the literature also found that discharge summaries often lack important information such as diagnostic test results, treatment or hospital course, discharge medications, test results pending at discharge, patient or family counseling, and follow-up plans (Kripalani et al., 2007).

Clinical Recommendation Statements

Each local skin cancer multidisciplinary team (LSMDT) and specialist skin cancer multidisciplinary team (SSMDT) should have at least one skin cancer clinical nurse specialist (CNS) who will play a leading role in supporting patients and caregivers. There should be equity of access to information and support regardless of where the care is delivered. A checklist may be used by healthcare professionals to remind them to give patients and caregivers the information they need in an appropriate format for pre-diagnosis, diagnosis, treatment, follow-up, and palliative care. This may also include a copy of the letter confirming the diagnosis and treatment plan sent by the consultant to the general practitioner (GP).

Provide a rapid referral service for patients who require specialist management through the LSMDT/SSMDT.

Be responsible for the provision of information, advice and support for patients managed in primary care and their caregivers.

Maintain a register of all patients treated, whose care should be part of a regular audit presented to the LSMDT/SSMDT.

Liaise and communicate with all members of the skin cancer site-specific network group.

Ensure that referring GPs are given prompt and full information about their patients' diagnosis or treatment in line with national standards on communication to GPs of cancer diagnoses.

Collect data for network-wide audit (National Collaborating Centre for Cancer, 2006).

Communication and information exchange between the medical home and the receiving provider should occur in an amount of time that will allow the receiving provider to effectively treat the patient. This communication and information exchange should ideally occur whenever patients are at a transition of care, e.g., at discharge from the inpatient setting. The timeliness of this communication should be consistent with the patient's clinical presentation and, in the case of a patient being discharged, the urgency of the follow-up required. Communication and information exchange between the MD and other physicians may be in the form of a call, voicemail, fax or other secure, private, and accessible means including mutual access to an electronic health record (EHR).

The Transitions of Care Consensus Conference (TOCCC) proposed a minimal set of data elements that should always be part of the transition record and be part of any initial implementation of this standard. That list includes the following:

Principal diagnosis and problem list

Medication list (reconciliation) including over the counter/herbals, allergies and drug interactions

Clearly identifies the medical home/transferring coordinating physician/institution and their contact information

Patient's cognitive status

Test results/pending results

The TOCCC recommended the following additional elements that should be included in an 'ideal transition record' in addition to the above:

Emergency plan and contact number and person

Treatment and diagnostic plan

Prognosis and goals of care

Advance directives, power of attorney, consent

Planned interventions, durable medical equipment, wound care, etc.

Assessment of caregiver status

Patients and/or their family/caregivers must receive, understand and be encouraged to participate in the development of their transition record which should take into consideration the patient's health literacy, insurance status and be culturally sensitive (Snow et al., 2009).

Evidence for Rationale

American Academy of Dermatology. Melanoma: coordination of care. Schaumburg (IL): American Academy of Dermatology; 2016 Nov 15. 12 p.

Institute of Medicine Committee on Quality of Health Care in America. Kohn LT, Corrigan JM, Donaldson MS, editor(s). To err is human: building a safer health system. Washington (DC): National Academy Press; 1999 Nov. 223 p.

Kripalani S, Lefevre F, Phillips CO, Williams MV, Basaviah P, Baker DW. Deficits in communication and information transfer between hospital-based and primary care physicians: implications for patient safety and continuity of care. JAMA. 2007 Feb 28;297(8):831-41. [133 references] [PubMed](#)

National Collaborating Centre for Cancer. Guidance on cancer services: improving outcomes for people with skin tumours including melanoma. London (UK): National Institute for Health and Clinical Excellence (NICE); 2006 Feb. 174 p. [32 references]

Snow V, Beck D, Budnitz T, Miller DC, Potter J, Wears RL, Weiss KB, Williams MV, American College of Physicians, Society of General Internal Medicine, Society of Hospital Medicine, American Geriatrics Society, American College of Emergency Physicians, Society of Academic Emergency Medicine. Transitions of care consensus policy statement American College of Physicians-Society of General Internal Medicine-Society of Hospital Medicine-American Geriatrics Society-American College of Emergency Physicians Society of Academic Emergency Medicine. J Gen Intern Med. 2009;24(8):971-6. [PubMed](#)

Primary Health Components

Melanoma; treatment plan; coordination of care

Denominator Description

All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma during excision of malignant lesion or evaluated in an outpatient setting (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Patient visits with a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

The American Medical Association (AMA)-convened Physician Consortium for Performance Improvement (PCPI) in collaboration with the American Academy of Dermatology conducted a testing project to ensure that the melanoma measures were feasible to implement, valid and reliable. Overall, the measures were found to be valid and reliable.

Face Validity Testing

Face validity of the measure score was assessed for three of the four melanoma measures. The American Academy of Dermatology Quality Metrics Committee members were asked to empirically assess face validity of these measures via online survey. The expert panel consisted of 13 members, whose specialties include oncology, melanoma, dermatology, and surgical oncology.

After the measure was fully specified, the expert panel was asked to rate their agreement with the following statement: "The scores obtained from the measure, as specified, will provide an accurate reflection of quality and can be used to distinguish good and poor quality."

Face Validity Testing Results

Measure Number and Title	N	Mean Rating	Percentage in Top Two Categories (4 and 5)	Frequency Distribution of Ratings*				
				1	2	3	4	5
#2 Melanoma Continuity of Care - Recall System	10	4.60	100.0%	0	0	0	4	6
#3 Melanoma Coordination of Care	10	4.50	100.0%	0	0	0	5	5
#4 Overutilization of Imaging Studies in Melanoma	10	4.70	90.0%	0	0	1	1	8

*Scale from 1-5, where 1 (Strongly Disagree); 3 (Neither Agree nor Disagree); 5 (Strongly Agree)

Reliability Testing

Inter-rater reliability testing (i.e., manual review of the patient medical record by two trained clinical abstractors and comparison of their individual findings) was conducted at three dermatology practice sites on three of the four melanoma measures (i.e., measures 2, 3 and 4). These sites represent various types, locations, and sizes. Kappa statistics were calculated at the data element level for the denominator, numerator and exceptions categories. Data element reliability was established based on the results of this analysis.

Reliability Testing Results

The PCPI measure testing project revealed that the data elements for measure 2 demonstrated moderate to almost perfect reliability, the data elements for measure 3 demonstrated fair to almost perfect reliability and the data elements for measure 4 demonstrated moderate to almost perfect reliability in the numerator category.

Evidence for Extent of Measure Testing

American Academy of Dermatology, American Medical Association (AMA)-convened Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2012 Nov. 28 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Transition

Type of Care Coordination

Coordination across provider teams/sites

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size

Does not apply to this measure

Target Population Age

All patients, regardless of age

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Effective Communication and Care Coordination
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The reporting period

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Reporting Criteria 1:

All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma during excision of malignant lesion

Denominator Criteria (Eligible Cases) Reporting Criteria 1:

Diagnosis for melanoma (refer to the original measure documentation for International Classification of Diseases, Tenth Revision, Clinical Modification [ICD-10-CM] codes)

AND

Patient encounter for excision of malignant melanoma (refer to the original measure documentation for Current Procedural Terminology [CPT] codes)

Reporting Criteria 2:

All visits for patients, regardless of age, diagnosed with a new occurrence of melanoma evaluated in an outpatient setting

Denominator Criteria (Eligible Cases) Reporting Criteria 2:

Diagnosis for melanoma (refer to the original measure documentation for ICD-10-CM codes)

AND

Patient encounter during the performance period (refer to the original measure documentation for CPT codes)

WITHOUT

Telehealth Modifier (refer to the original measure documentation for Telehealth Modifiers)

Exclusions

Unspecified

Exceptions

Documentation of patient reason(s) for not communicating treatment plan to the primary care physician(s) (PCP) (e.g., patient asks that treatment plan not be communicated to the physician[s] providing continuing care)

Documentation of system reason(s) for not communicating treatment plan to the PCP(s) (e.g., patient does not have a PCP or referring physician)

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Patient visits with a treatment plan documented in the chart that was communicated to the physician(s) providing continuing care within one month of diagnosis

Note:

A treatment plan should include the following elements: diagnosis, tumor thickness, and plan for surgery or alternate care. Communication may include: documentation in the medical record that the physician(s) treating the melanoma communicated (e.g., verbally, by letter, copy of treatment plan sent) with the physician(s) providing the continuing care OR a copy of a letter in the medical record outlining whether the patient was or should be treated for melanoma.

Refer to the original measure documentation for administrative codes.

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Registry data

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

- 2017 Registry Individual Measure Flow: #138: Melanoma: Coordination of Care - Reporting Criteria One
- 2017 Registry Individual Measure Flow: #138: Melanoma: Coordination of Care - Reporting Criteria Two

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Measure #138: melanoma: coordination of care.

Measure Collection Name

Melanoma Measures

Submitter

American Academy of Dermatology - Medical Specialty Society

Developer

American Academy of Dermatology - Medical Specialty Society

National Committee for Quality Assurance - Health Care Accreditation Organization

Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

Melanoma Work Group: Dirk Elston, MD (*Co-Chair*; dermatology); Raj Behal, MD, MPH (*Co-Chair*; methodology); Steven D. Bines, MD (general surgery); Peter Dandalides, MD (health plan); Evan R. Farmer, MD (dermatology); Rutledge Fournery, MD (dermatology); Andrea Gelzer, MD, MS, FACP (health plan); Robert T. Gilson, MD (dermatology); Stephen E. Helms, MD (dermatology); Abrar Qureshi, MD (dermatology); Todd Schlessinger, MD (dermatology); John Schneider, MD, PhD (family medicine); Arthur Joel Sober, MD (dermatology); Steven W. Strode, MD, MEd, MPH (family medicine); Janet (Jessie) Sullivan, MD (dermatology); William Wooden, MD (plastic surgery)

American Academy of Dermatology: Sandra Peters, MHA; Alison Shippy, MPH; Carol Sieck, RN, MSN

American Medical Association: Mark Antman, DDS, MBA; Kendra Hanley, MS; Diedra Gray, MPH; Karen S. Kmetik, PhD; Kimberly Smuk, RHIA

National Committee for Quality Assurance: Benjamin N. Hamlin, MPH; Phil Renner, MBA

Centers for Medicare & Medicaid Services: Susan Nedza, MD, MBA, FACEP; Sylvia Publ, MBA, RHIA

Facilitators: Timothy F. Kresowik, MD; Rebecca A. Kresowik

Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Measure Initiative(s)

Physician Quality Reporting System

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Nov

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: American Academy of Dermatology, American Medical Association (AMA)-convened Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Melanoma II physician performance measurement set. Chicago (IL): American Medical Association (AMA); 2012 Nov. 28 p.

Measure Availability

Source available from the [American Academy of Dermatology \(AAD\) Web site](#) .

For more information, contact the AAD at 930 E. Woodfield Road Schaumburg, IL 60173; Phone: 847-240-3376; Fax: 847-240-1859; Web site: www.aad.org .

NQMC Status

This NQMC summary was completed by ECRI Institute on October 2, 2007. The information was verified by the measure developer on November 21, 2007.

This NQMC summary was edited by ECRI Institute on September 1, 2009.

This NQMC summary was retrofitted into the new template on June 7, 2011.

This NQMC summary was edited again by ECRI Institute on April 27, 2012.

This NQMC summary was updated by ECRI Institute on September 3, 2013.

Stewardship for this measure was transferred from the PCPI to the American Academy of Dermatology. The American Academy of Dermatology informed NQMC that this measure was updated. This NQMC summary was updated again by ECRI Institute on March 15, 2017. The information was verified by the measure developer on April 5, 2017.

Copyright Statement

This NQMC summary is based on the original measure, which is subject to the measure developer's copyright restrictions.

The Measure, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes, e.g., use by health care providers in connection with their practices. Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain.

Commercial uses of the Measure requires a license agreement between the user and the American Medical Association (AMA), [on behalf of the Physician Consortium for Performance Improvement® (PCPI®)] or American Academy of Dermatology (AAD). Neither the AMA, AAD, PCPI, nor its members shall be responsible for any use of the Measure.

The AMA's, PCPI's and National Committee for Quality Assurance's significant past efforts and contributions to the development and updating of the Measure is acknowledged. AAD is solely responsible for the review and enhancement ("Maintenance") of the Measure as of June 30, 2014.

AAD encourages use of the Measure by other health care professionals, where appropriate.

The Measures and Specifications are provided "as is" without warranty of any kind.

Production

Source(s)

American Academy of Dermatology. Melanoma: coordination of care. Schaumburg (IL): American Academy of Dermatology; 2016 Nov 15. 12 p.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse® (NQMC) does not develop, produce, approve, or endorse

the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.